

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1052328

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		0				
2		1		1			52		0				
3		2		1			53		0				
4		2		1			54		0				
5		2		1			55	1					
6		2		1			56		0	1			
7		2		1			57						
8		6		1			58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
14		0		1			64						
15		0		1			65						
16		0		1			66						
17		0		1			67						
18		0		1			68						
19		0		1			69						
20	1						70						
21	1		1				71						
22	1		1				72						
23		2		1			73						
24		2		1			74						
25		0		1			75						
26		0		1			76						
27		0		1			77						
28		0		1			78						
29		0		1			79						
30		0		1			80						
31		0		1			81						
32		0		1			82						
33		0		1			83						
34		0		1			84						
35		0		1			85						
36		0		1			86						
37		0		1			87						
38		0		1			88						
39		0		1			89						
40		0		1			90						
41	1						91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		6					97						
48		0					98						
49		0					99						
50		0					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						